M1000000992

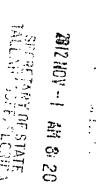
. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STALE



J. SAULSBERRY EXAMINER

NOV 2 2012



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 26, 2012

ORDER TIME : 10:18 AM

ORDER NO. : 395454-021

CUSTOMER NO: 7275765

CHANGE OF AGENT

NAME: SPERRY TOP-SIDER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: SPERRY TOP	-SIDER, LLC			-
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	ncipal office address of limited liability company: 191 Spring Street Lexington, MA 02421			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				· ·
03/03	3/2010	M10000000992			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	the records of the Florida Dept. o	of State:	<u>.</u>	
	Registered Agent:	C T Corporation System		. .	
Registered Office Address:		1200 South Pine Island Road	SET	(2)	
		Plantation, FL 33324	- 	9	a F
			11-8		1
(b)	Enter name of NEW Registered Agent and/or NEW	W Registered Office address:		75	,
	NEW Registered Agent:	Corporation Service Company	결코	C.₹	•
NEW Registered Office Address:	NEW Registered Office Address:	1201 Hays Street	5		
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301			
that af office hereby liabili limite (Signatu	limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company. The of a hember or authorized representative of a member) Cen Cathell, Authorized Person In or typed name of signce)	t address of the registered office use of a Florida limited liability of	and the	busin	ess
Ву:	thy accept the appointment as registered agent and asy with the provisions of all statutes relative to the province with and accept the obligations of my position or, if this document is being filed to merely reflect a company has been notified to merely reflect a company has been notified to merely reflect a company has been notified to the limited liability company has been notified to the liability liability company has been notified to the liability liab	gree to act in this capacity. I fur iper and complete performance of as registered agent as provided hange in the registered office ac in writing of this change. Sylvia Queppet, Asst. VP	ther ag of my di for in C idress, I	ree to ties, d hapter heret	and I r 608, by
	Division of Corporations, P.O. Box				

FILING FEE: \$25.00